

JUVENILE REHABILITATION ADMINISTRATION (JRA)

DATE		
COUNTY		

DEPARTMENT OF SOCIAL & HEALTH SERVICES	DIAGNO	STIC RECORD O	F OFFICIAL ACTION	COUNTY
YOUTH'S NAME			BIRTH DATE	SOCIAL SECURITY NUMBER
JUVIS NUMBER	JRA NUMBER	ETHNICITY	PRIMARY LANGUAGE English: Yes No; i	f no, other:
CITIZENSHIP United States: Yes No		TRIBAL AFFILIATION Yes No		
If no, other:			If yes, tribe(s):	
COMMITMENT DATE	COUI	RT ORDER NUMBER	SECURITY LEVEL	DETENTION CREDIT
SOURCES OF CONTACT A	AND INFORMATION:			
PLACEMENT:				
☐ Youth has an agg ☐ Youth has at leas ☐ Youth has not be	en committed for a gregate minimum s t 31 weeks remair	"High Risk" on the Initial	weeks ence at the time of admittance to Security Classification Assessm	
CRIMINAL HISTORY:				
COMMUNITY NOTIFICATIO	ON REQUIREMENTS:			

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Diagnostic Record of Official Action COMMUNITY SERVICES AND INTERVENTION:		
CUSTODY/MANAGEMENT/SUPERVISION:		
FAMILY HISTORY:		
TAWILI HISTORY.		
MEDICAL:		
MENTAL HEALTH:		
CHEMICAL USE/ABUSE/DEPENDENCY:		
SEXUAL OFFENDER:		

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Diagnostic Record of Official Action					
EDUCATION HISTORY:					
OCCUPATIONAL HISTORY:					
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TREATMENT NEEDS:					
YOUTH COMPETENCY SCREEN:					
COMMUNITY TRANSITION PLAN:					
☐ Youth will release to probation.					
Probation Officer		Telephone:			
Parole Counselor		Telephone:	_		
☐ Youth will release to adult custody (DOC or jail)					
Facility or Contact Person:Telephone: Youth will release to dual supervision. (Sex Offenders and Intensive Parole Only)					
☐ Youth will be discharged.					
Youth has open Interstate case. Youth has open Immigration and Naturalization Service (INS) case.					
INS Agent Telephone:					
Intended placement:					
DIAGNOSTIC COORDINATOR	DATE	TELEPHONE NUMBER (WITH AREA CODE)	E-MAIL ADDRESS		
REVIEWED BY:	1	DATE			

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